was no decided protrusion, though there was a slight feeling of enlargement as compared with the other side, and somewhat more appreciable on coughing. There was complaint of almost constant pain, however, sufficient to justify an exploratory incision. On operation I found an unobliterated canal of Nûck, about as thick as a lead pencil, and four inches long. On incising it the inner opening was found to be of the same calibre as the rest of the sac, but there was no intestine in it. It seemed to me that the explanation of the pain was that of a condition approaching that rare form of hernia-Littre's, where only a small margin of the bowel engages in the sac. She made a perfect recovery, and has since been free from suffering.

D. E. MUNDELL.

HAY FEVER.

THIS is the season of the year when the victims of this annoying trouble present themselves for relief. In the cold season they are few and far between. In the majority of cases the treatment I adopt either checks the condition or keeps it under control. Those that prove intractable are such as have been neglected at the onset. A close study of my cases confirms the belief that there are three distinct factors in each case. First, there is the predisposing neurotic condition with diminished vasomotor control; second, there is a hyperaemia of the nasal mucus membrane; and third, there is the exciting agent which varies with the individual and locality. These three factors are present in varying proportion in different cases, and I find that if treatment be effective in over-coming any one of the three factors the combination is destroyed and the patient has relief. The neurotic condition should be looked after for some time previous to the date of the annual attack. There are patients who have an annual attack which comes on a certain day of a certain month, and they tell me this has been so for years past. Others expect the attack to come during a certain week, and still others, during a certain month. The usual story is that for a few years